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ABSTRACT

A survey of foster care workers and foster families in three rural Colorado counties identified needs for developing a foster care training program. The survey gathered information on the extent of current training, the importance of including foster parents and workers in a training program, types of training that should be used, and an assessment of current written materials and their dissemination. Six foster care workers and six foster care families were used in the study. Data on the foster care families was provided by the foster mother in all cases. Foster care had been provided by two families for less than a year, and between 1 and 4 years by three families. One foster care woman had been providing care for 13 years. About 66% of respondent foster care workers were married, with most being between the ages of 40 and 45. Other findings illustrated a generally poor quality of orientation and training. It is extremely important to train foster care workers and parents according to a standard, which has not been the case in Colorado. This study also found little or no standard reference material for rural issues, minorities, or gender differences as they relate to foster children. A proposed model incorporates the ideas and suggestions offered by workers and foster care families. This model, with three educational levels, would be designed to be offered in a traditional classroom setting or as an at-home training process. (TES)

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A FOSTER CARE TRAINING CURRICULUM MODEL

LEARNING FROM RURAL COMMUNITIES

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Three rural Colorado counties were selected to study the training needs for foster family care. These counties were adjacent to each other yet spanned over 250 miles from the Eastern slope of Colorado to the Kansas and Nebraska borders. One reason for the choice of these sites was that information on foster care training in rural areas does not exist.

The need to train foster care workers so they are effective in their jobs is critical. Yet, today there is less training money available. Because of declassification, more foster care workers are entering their jobs with less educational preparation and practice experience.

Foster care parents and their immediate family members also need training in order to enter into the foster care process. In most cases, foster parents receive a brief two- to four-hour orientation for their impending jobs and their family members, i.e, siblings and immediate extended family receive no orientation at all.

To understand what is important to a foster care training program, a needs assessment research process was developed.[1]

Study Purpose

This study would identify training needs for foster parents and foster workers in order to develop a foster care training program. Hopefully, a training package could be created that would be highly transportable -- via mail, when necessary, to meet the distance problems of rural areas.

Specific questions for study were:

1. What is the extent of training and method(s) used currently to train foster care workers and foster care families?
2. What is important for inclusion in a foster care training program for workers and families?
3. What are the basic training needs expressed by foster care workers and foster care parents?
4. What types of training should be employed?
5. What written materials already exist and how extensive is their dissemination?

Background Considerations

Two methods were used to gain background information. First, an advisory panel competent in foster care service delivery was organized[2]. The panel was convened to provide input. This group brainstormed around questions of what would be important for training this group. Various issues were uncovered.

Second, a literature search uncovered a recent national study on child welfare training. Vinokur-Kaplan (1986 and 1987) presented her findings regarding the use of child welfare training by workers throughout the United States. Her key findings were that (1) in-service training, while seen as a useful vehicle, is unevenly received by child welfare workers; (2) one-half received no training, one-fourth received one or two courses, and another one-fourth received three or more courses in the study year; (3) not all the training programs that were offered were geared to child welfare workers, but rather, were general programs for all types of social service workers; (4) the training programs that were evaluated by these respondents received ratings of only moderately effective; and (5) one-fifth of the respondents reported having had a course in services to members of specific minority groups, and

about one-third had attended a course in in-home services (to avoid placement and/or encourage family reunification) (1987).

Study Method

A needs assessment approach was used for study. A four-part work plan was developed. The first part of the study involved face-to-face interviews with foster care workers and foster care parents exploring the type of training each received and the type of training seen as important for workers and foster care families.

Second, the foster care workers and foster care providers were asked to complete a written survey covering possible training areas toward foster care service provision. A 56-item survey tool was designed with a 5-point Likert scale asking the participants to assess their perception of the quantity of information received in a specific content area and a second scale in that same content area requesting an assessment of the quality of information received. These items were identified from related literature on foster care training and the expert panel (See Appendix A). The findings of this instrument were seen as being able to cover information that might be missed in the interview process as well as giving some quantitative scoring to the training areas identified.

The third part of the study consisted of the review of existing written orientation and training materials that the foster care workers and foster care families indicated were used in their previous training.

Interviews with the supervisors for each county were undertaken as the fourth component of the study plan. However, two of the three counties were unable to provide the needed information. This phase of the study was excluded from data analysis.

There are three limitations to this study. Using this geographic area is a limitation itself. It was not possible to use a larger study area such as the variant of a mountain, western slope county, or a southern Colorado county. Second, six foster care workers and six foster care families were used in the study. This is a small sample size. Two of the three counties have only one foster care worker. The largest county has four foster care workers and each was involved. Two foster care families were studied in each county. These families were selected by the workers.

A third limitation of the study emerges because of the very nature of asking the target group to identify its own needs. Some might suggest that the perceptions and vision of the foster care workers and foster care families are limited by their present lack of understanding and expertise. This may or may not be true.

In summary, this study hoped to inform interested persons about the quantity, quality, and utility of existing foster care training for new workers and foster care providers. It was further the purpose of this study to provide the type of information that could assist in the development of a comprehensive training program for new foster care workers and foster care providers.

Findings

A. Demographics

1. Foster care worker profile: Sixty-six percent (66 percent (N=4)) of the respondent foster care workers were married. The oldest worker was 49; the other workers were between 40 and 45 (83 percent). These workers held BAs in people-related areas such as elementary education or psychology or master's of arts in areas such as religion and counseling. One worker had a BSW; none held an MSW.

Two (2) workers had begun in their position within the last four or five months--one of these workers, however, had four years of service in another area of the Department of Social Services. The other four workers had seven to twelve years of experience in their current positions.

2. Foster care provider profile: Data was received by one interviewee, the foster care mother in all cases. Though male spouses are involved in all but one home, the demographic data was limited to the actual respondent. One male spouse was available for part of the interview. This may reflect male-female roles in foster care though these role functions were not explored with this small sample.

These foster care mothers range in age from 25 to 55 years of age, the average age being 37.67 (versus 42.83 for workers). Three (3) of the women had high school degrees plus some college education; one woman had a college degree.

Foster care had been provided by two families for less than a year, and between one and four years by three families. One foster care woman had been providing care for 13 years.

B. Previous Training of Foster Care Workers

All workers indicated that they received their beginning foster care training through other professionals in their organization, their supervisor, or professionals in neighboring counties and at the state level.

There was no consistency among foster care workers when asked about the number or frequency of attendance at training programs for foster care. One worker said s/he had no training in foster care when s/he began; another had a supervisor to go on visits with; one worker had her training in her own home in the living room; and the newest workers had some training in a group. Few, if any, workers had the same workshop or educational program though these

workers often knew of opportunities for early learning and had not taken advantage of them. A consistent theme among these respondents was that their expertise in foster care was acquired over time; some of their experience was from the work itself.

When written survey information was examined, the results showed that in the nine major areas--legal and financial information, overview of family functioning, foster placement, fostering process, utilization of resources/networks, working with the foster care division, specific (practice) tools, rural (context), management and administrative areas in foster care, only the legal and financial categories were seen as sufficiently presented in their beginning training. Table 1 shows that most areas received a score that suggests less than sufficient quantity of information, and quality of information was provided to workers in the beginning orientation and training process. Two workers said that they "had no orientation or training process because there was no one to train them." Most respondents indicated no orientation to the rural issues of practice.

Table 1 Tabulations from Foster Care Worker Survey on Beginning Foster Care Training Received (N=6)

Category	Quantity of Information (Weighted Average)*	Quality of Information (Weighted Average)**
Legal/Financial Status(8)†	3.325	3.200
Family Functioning(9)	2.667	2.756
Foster Placement(9)	2.867	2.834
Fostering Process(19)	2.895	2.137
Utilization of Resources(5)	2.880	2.400
Working with the Foster Care Division(7)	2.771	2.457
Specific (Practice) Tools(13)	2.738	2.538
Rural Information(4)	2.500	2.350
Management & Adm. Related to Foster Care(8)	2.650	2.675

†Number of items in category.
*Specific Scoring Identified as: 5-extensive, 3-sufficient, 1-none.
**Specific Scoring Identified as: 5-excellent, 3-average, 1-poor.

Review of the written material provided to workers during the orientation and training period uncovered one major manual given to each worker. This manual is a state manual on child protection. This manual was said to be "overwhelming for new workers." One respondent said that only after several years was s/he comfortable using this manual. This manual is not indexed or cross-referenced, and the information is diffused through several hundred pages.

There was a county orientation manual in only one county. A new state self-instruction training program to provide skill-building for new child protection workers was cited as available by a new worker. This program has no specific references, case examples, or materials specific to foster care though the skill-building would definitely aid a foster care worker.

When asked to identify areas for new foster care training for beginning workers, responses were consistent among interviewees. These training areas included information about (1) attachment and separation; (2) the roles of parents, child(ren), and workers; (3) child development information, particularly age-appropriate behaviors, growth expectations, and parenting related to these developmental stages; (4) court procedures for the worker; (5) regulations; and (6) the area of confidentiality particularly related to rural communities.

C. Previous Orientation and Training of Foster Care Providers

All six (6) foster care providers indicated a one-to-one orientation process performed by the foster care worker. One-half (3) of the foster mothers recounted a group training conducted by the foster care worker. In the smaller counties, generally, there was said to be only one new foster family at a time, precluding the use of groups for beginning training processes. The larger county indicated that it now requires new foster

families to attend a foster parent training course provided by the local community college. This course is currently taught by a long-term foster mother. There was said to be no involvement by the foster care division. No foster worker had attended this training.

No training or orientation program was offered to siblings in foster care homes. One parent said the worker talked to their children in the prospective foster care interview. Though all foster mothers indicated that their husband did participate in the trainings of the foster care program, they indicated that a training for the entire family should be provided. The foster parents also stressed the importance of a foster care orientation program and training opportunity for the new foster child(ren) and the natural children.

Table 2 shows the aggregated tabulations of the six categories for training rated by foster care provider mothers.

Table 2 Tabulations from Foster Care Provider Survey on Beginning Foster Care Training Received (N=6)

Category	Quantity of Information (Weighted Average)*	Quality of Information (Weighted Average)**
Legal/Financial Status(8)†	2.900	2.225
Family Functioning(9)	3.444	3.333
Foster Placement(9)	3.333	3.289
Fostering Process(19)	3.316	3.221
Utilization of Resources(5)	2.800	2.720
Working with the Foster Care Division(7)	3.829	3.914

†Number of items in category.
*Specific Scoring Identified as: 5-extensive, 3-sufficient, 1-none.
**Specific Scoring Identified as: 5-excellent, 3-average, 1-poor.

Foster care written material provided parents appeared limited. Most respondents remembered receiving the "Rules and Regulations" pamphlet of the State of Colorado. No other material was mentioned except when a respondent had attended the community college foster parent training course.

Respondent foster parents felt less need for more initial training than for some kind of periodic, ongoing training. Half of the parents felt that it was "hard to predict" what should be provided in a training program, but that when the families were into the foster care relationship, then questions arose and training could be applied.

Foster care respondents identified several areas to be provided in a beginning training program as well as in periodic training sessions. These areas were: (1) building children's self-esteem; (2) children's behavioral problems; (3) an understanding of how disturbed the foster children are that are placed in their homes; (4) issues of "temporary;" (5) issues of attachment and separation with the children; (6) building of a support and referral network for the foster family in order to provide what is needed for the foster child; (7) foster care goals for the child(ren) in placement; (8) court information; (9) parenting skills; (10) stress management; (11) practical issues of termination; (12) working with the family of origin; and (13) changes that will occur for the foster family in the placement process.

Among the many poignant comments during these interviews, one parent said that she wasn't prepared to deal with the "cast of characters that came with the child" in her home. Another parent defined stress management as her wanting to be aware of her needs as a way of fulfilling herself so she could give to her family, including the foster child(ren). She felt foster parents all need to learn this aspect of self-care so they could reduce the stress that is felt with parenting generally.

Among these rural foster care providers, only one belonged to the state foster care organization. The other respondents reflected in their comments the issues of distance as inhibiting their commitment to such a group. Several providers had attended professional training programs in the metropolitan areas of Colorado on one-time bases.

Relating to the rural nature of fostering, parents indicated that (1) the lack of youth recreational opportunities was problematic for them and (2) issues of confidentiality were hard for them, particularly when court hearings occurred.

D. Foster Care Training Model

Both workers and parents provided contributing to the development of an educational model of foster care family training. The model for this training is presented in Chart I.

This educational training model would be developed to train both foster care workers and parents. There would be a richer training process from this dialogue among the two sub-systems, particularly, as we seek to move the foster care providers more into the treatment team process.

These training modules are designed as two-hour units in the first two levels and three-hour units in the last level. The training manual would include the specific curriculum for each module. Manuals of this type do not need to depend on the expertise of the trainer quite as much. This also allows the participant to review the material at other times after the training.

Level One, the base educational level, focuses on beginning concepts, ideas and foster care issues. This level concentrates on the earlier period of foster care involvement both of workers and foste families.

Level Two, the intermediate level, addresses more complex aspects of foster care such as disruptive behavior of foster children, placement disruptions, and the processes of building networks to support the remediation work of the entire system. Several units in this level look as specific cultural, racial or gender issues for foster care as well as special needs situations.

Level Three, the advanced educational level of training, is designed as 3-hour sessions rather than 2 hours and considers more complex problem concerns such as ethics, confidentiality, and advanced practice issues such as families, separation and attachment, and institutional and community systems.

As a tiered model of education, there is opportunity for workers and foster parents to enter at a level that meets their learning needs. Particularly, when establishing such a program, there is a need for flexibility among potential participants.

Chart I

Educational Training Model for Foster Care

*Base Educational Level - Level One (2 hour sessions)

Unit 1 — Foster Care: An Introduction to the Training Program
- Historical roots of children and family services
- Legislative mandates for foster care in the present
- Motivations for foster parent

Unit 2 — Seeking an Understanding about Foster Care
- The multiple social problems foster care has to respond to
- Who are the foster parents?
- Elements of placement process

Unit 3 — Basic Concepts About Families: Toward an Understanding of What Occurs When a New Member Is Added
- What is a family?
- Elements of family structure and process
- What happens when the stranger enters?
- What happens while the stranger is in your home?
- What happens when the stranger leaves?

Unit 4 — Working Together: Natural and Foster Families
- Working in support of reunification
- Understanding and Coping

Unit 5 — Prudent Parenting of the Foster Child
- What are the components of prudent parenting?
- How do you parent your natural children?
- What are the differences?
- Treatment plan and parenting? Are these compatible?

Unit 6 — Basic Child Development
- Concepts of Child Development
- Stages of Child Development

Unit 7 — Separation and Attachment
- Discussion of these concepts
- How these issues affect child behavior
- These issues in the foster care process itself

Unit 8 — Minimum Legal Considerations
- Being a foster parent; liability and insurance issues
- Reasons why there are basic standards
- Legal considerations: termination of placement
- Termination of legal rights
- Legal considerations of adoption

Unit 9 — Making "New Kids" Feel Easy
- Giving "problems" perspective for new foster children (reducing stigma)
- Advocating for foster child(ren)
- Helping kids problem-solve

Intermediate Educational Level - Level Two (2 hour sessions)

Unit 10 In the Middle Phase of Foster Parenting
- Being a team member
- Working with the foster family
- The treatment plan process

Unit 11 Dealing with Acting Out Behaviors
- Behavioral change concepts
- Reality-oriented strategies for change

Unit 12 Permanency Planning Process and Issues
- Getting Children and Families Together
- Family reunification issues
- Long term foster care and subsidized adoption

Unit 13 Building Resources and Support Networks to Keep it Working
- Foster parents
- Families in "treatment plan" process
- Provide information on foster care association

Unit 14 Bombing the Placement
- Community intrusion
- Fighting back
- Court issues

Unit 15 Foster Care: Gender as Determinant of Behavior
- Sex-different development

Unit 16 Foster Care: Race and Class as Determinant of Behavior
- Racial overuse of foster care
- Poverty and race

Unit 17 Foster Care: Special Needs Children and Families
- Homosexual foster kids
- AIDS and foster care
- Medical disabilities
- Substance abuse issues

Advanced Educational Level - Level Three (3 hour sessions)

Unit 18 Confidentiality and Ethics in Foster Care
Moral dilemmas for workers and foster families
Rural communities: Everyone knows?

Unit 19 Advanced Issues Related to Separation and Attachment
Problems of developmental delay--strategies to consider
Loss of resources i.e. DD

Unit 20 Advanced Family Issues
Borrow from step families
Blending families
Serial families

Unit 21 Complex Public and Community Systems
Public vs. private roles
Role of media
Other state agencies

Unit 22 Group Foster Care Training
Special requirements
Professional role

*Assumes foster families have had precertification training and workers have competence in that level of foster care entry.

Discussion of Findings and Implications

The findings give two pictures. First, the findings regarding foster care workers illustrates an inconsistent and generally poor quality of orientation and training. All foster care workers are trained for foster care work through peer training/role modeling over time. Only the two most recent workers in the larger county indicated even adequate but uneven quantities of orientation. Second, the findings from foster care parents suggest no uniform procedures for foster family orientation and training. Training programs sponsored by the Colorado Department of Social Services are the most widely used training for both workers and foster parents.

These findings suggest that standards of practice for foster care training are not realized in the State of Colorado or other areas where there is such inconsistency. How can foster families provide quality care, if, as is suggested here, workers have such deficients in their own levels of knowledge?

How important is it to train foster care workers and parents to a standard? It is extremely important if the types of problems foster care addresses are constantly changing. Often the most difficult types of family sitations are presented to the foster care system while legislature mandates and concerns are changing as well. As an example, it is hard to judge the implementation of permanency planning in foster care if the training needed to effect this practice is so minimally taught to staff workers and foster parents.

Three other points emerged from this study: (1) No standard written reference material or oral training made mention of rural issues related to child welfare; (2) little was available on minorities and cultural groups; and (3) no information existed on gender differences in clients, yet 90 percent of those children identified as foster children in these homes were girls.

Last, the educational model proposed in this paper incorporates the ideas and suggestions of workers and foster care families. This model has been developed with three educational levels. When implemented, each unit would be designed to be offered either in a group setting, or when funds become available, offered as an at-home training process -- to meet the needs of rural locations, parents with limited time frames or excessive demands, and workers who want to incorporate their training into their schedules with flexibility.

Conclusion

Though the findings are limited by the sample size ad geographic breadth, these findings are similar to and support the recent work of Vinokur-Kaplan (1986-87). As her studies indicated, child welfare practitioners received uneven training, often very general. It would be wrong to generalize these findings without the kind of collaboration Vinokur-Kaplan's study provides.

The insufficient training of foster care workers and foster care providers should move policy makers and high level administrators to demand more consistent and thorough training to facilitate thge level of quality care required. The very issues of permanency for children once in drift should not be lost because of poor training for both workers and parents.

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[2]This advisory group included child welfare workers, foster parents, and State Social Service personnel.

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